



WORKING WITH CHILDREN IN FOSTER CARE AND THEIR FAMILIES

Attachment

- Attachment is the deep and enduring connection established between a child and caregiver in the first several years of life.
- This relationship profoundly influences every aspect of the child's development.

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- The attachment relationship is key in the healthy emotional development of child. It is through this first essential relationship that children learn the emotional skills that are used in relationships throughout the life span.

Functions of Attachment

- Learn basic trust and reciprocity (Erik Erikson)
- Environmental exploration with feelings of safety and security (secure base) leads to healthy cognitive and social development.
- Self regulation-management of impulses and emotions
- Creates the formation of identity-including sense of competency, self worth, balance between autonomy and dependency- MIRRORING
- Prosocial moral framework including empathy, compassion, conscience
- Generate the core belief system which comprises cognitive appraisals of self and others (Internal Working model)
- Provides a defense against stress and trauma. (Evergreen Consultants)

Parental Contributions

- -abuse or neglect
- -ineffective and insensitive care
- -depression, or other mental illness of parent
- -teenage parenting
- -substance abuse
- -intergenerational attachment difficulties, unresolved family or origin issues
- -Prolonged absence; prison, hospital, abandonment
- -abandonment

Child Contributions

- -difficult temperament, or temperamental mismatch with caregivers
- -prematurity
- -medical conditions, unrelieved pain, colic
- -hospitalization
- -failure to thrive
- -biological factors, handicapping conditions, intrauterine drug exposure,
- FAS
- -genetic factors: family history of mental illness, aggressive behavior,
- depression

Environmental Contributions

- -poverty
- -exposure to violence (direct victim or witness)
- -lack of social support
- -multiple out of home placements
- -domestic abuse, marital conflict, family chaos
- -lack of developmental stimulation

(Evergreen Consultants)

Foster Care Stats

- Over 500,000 children in foster care in the USA
- Low income the best predictor of a child's removal from bio family
- Substance abuse, HIV, Homelessness also frequent factors
- Nonwhites = 19% of general population, but make up 61% of foster care population.
- Studies show that anywhere from 52% to 84% of kids in foster care have some sort of developmental or psychological problem.
- In CA foster kids make up 5% of the Medicaid population, but use between 40% and 50% of the Medicaid child mental health dollars.
- (Rosenfeld, et.al., J/ Am. Acad. Child/Adolesc. Psychiatry 36:4 April '97.)

Risk and Protective Factors



- Emmy Werner and colleagues looked at risk and protective factors and their effects on children's development and mental health. She attempted to determine which risk factors were most detrimental and likely to cause adverse outcomes.
- Werner et. al. 1989

Werner Continued

- What she found was that there were no specific factors that placed a child at greater risk, but rather it was the number of factors that a child had that correlated with later poor outcomes. In her study 2/3 of children who had 4 risk factors by age 2 developed LD, behavior problems, teenage pregnancy, or mental illness.
- A study by Thorpe and Swart (1992) found that on average children in foster care have more than 14 risk factors. (Can J. Psychiatry 37:616-622)


Characteristics of Children with Attachment Problems


- Anger and Temper Tantrums
- Aggression
- Sleep Problems
- Excessive Eating/ Inability to recognize satiety
- Developmental Delay
- Clumsiness
- Indiscriminant Attachment
- Extreme need for control

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- Above are problematic if they persist over time. It is normal to see reactive behavior immediately upon placement. It is only if the behavior persists for more than 4-6 months it is indicative of deeper underlying problems.



Grief

- Denial
 - Anger
 - Depression
 - Bargaining
 - Acceptance
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- The absolute most important thing to help children overcome the effects of separation and loss is the provision of an appropriate placement with a substitute caregiver who is willing and able to form a relationship with the child. It is then vitally important to support that placement and the foster parent in caring for a child who can be very challenging to parent.



Protective Factors

- At least average intelligence and a temperament that elicited positive responses from family members and strangers.
- Emotional ties with a **substitute caregiver** that encourage trust, autonomy, and initiative,
- An external support system (in church, youth groups, school) that rewarded competence and provided a sense of coherence

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- -Value and preserve stable placements whenever possible!

Foster Parent Support

- Give information to foster parents about the child they are parenting. The foster parent
 - needs to know:
 - birth history
 - medical history, including drug exposure
 - placement history
 - developmental information including milestones
 - behavioral history, what sets the child off and what calms the child
 - fears, special attachments to toys, objects, people
 - information about how the biological or foster mother parented the child
 - whether the child has siblings and where they are, and as much information about them as is available.

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- Support for foster parents. They need to be able to talk with others who are in the same situation and know what they are going through.

Interventions in the Home


- The home is the primary therapeutic agent for these young children. The consistent loving care they receive over an extended period of time will be the most healing factor.
- High degree of structure in the home environment. Kids need to know what they can expect from others in the home and know what is expected of them.
- Clear rules for acceptable behavior at home.

Home interventions cont.

- Clearly stated consequences that will result from infractions of the above stated rules.
- Consistency, day to day, and between family members. It is especially important for parents to back each other up in enforcing limits and structure. Prevents splitting among family members.
- Warm, nurturing, loving, responsive care even in the face of rejection by the child.
- Familiar possessions, clothes, toys, blankets, stuffed animals.



Aiding children in coping with transitions


- The child should be given as much information as they are developmentally able to handle prior to a change in placement. They sense something is up and will cope better if told the truth.
 - Arrange brief visits, increasing in length and frequency to the new home whenever possible.
 - All familiar possessions should go with the child to the new home
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Transition continued

- Create a “life book” for the child with pictures they drew, stories they dictate, photos of the previous family, quotes from the family, letters they have written the child.
- Once in the new home allow the child to grieve the loss he has experienced
- Talk with the child about the previous home and ask “how did your mom do this?” “Would you like me to do it that way?”
- Give the child information of what will happen in this new home and what is expected of him.
- Expect developmental regression



Triggers to loss sensitivity

- New child arrives in the home
 - Birth of a bio child to foster parents
 - Illness in foster/adoptive Parent Infant Program
 - Respite weekend or vacation cancelled or shortened visits
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Loss Triggers continued



- Court Dates
- Stirrings of adolescence
- Another child is moved out of the placement
- Caseworker visits
- Anniversary reactions (sometimes hard to recognize because you don't know the significant dates for them)
- Beginning to feel love/trust
- Finalization of adoption

Visits to Biological Family

- Visits stir up an emotional hornet's nest for the child. Behavior often escalates immediately before, and especially immediately after a visit.
- The foster family are the ones who bear the brunt of the child's feelings about these experiences
- It is important that the child be prepared for the visit in advance and be given as much information as possible about what will happen on the visit.

Visits continued

- Validation and mirroring of the child's feelings can help the child to cope with the intensity of the feelings he is having. (This does not mean inappropriate expression of feelings is tolerated)
- Remember that a primary struggle for these kids is abandonment and each visit re-enacts a mini abandonment.
- Foster parents must be prepared that a reaction is likely to occur following the visits.

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- **As professionals one of the most important things we can do to help children who have experienced disrupted attachments is to be a consistent presence in their lives. Each relationship the child forms with a caring adult will allow him to internalize more caring behavior from an adult, which can lead to the adaptation of the internal working model of the child to include the concept of adults as able to meet their needs and be trustworthy.**